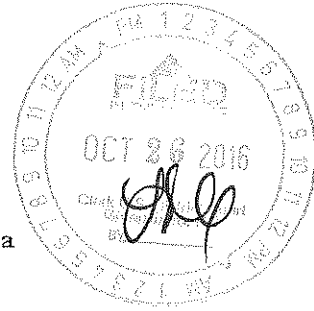


FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
in the United States District Court for the Middle District of North Carolina



Raymond Robert DeFlore

110CV1263

(Enter above full name of plaintiff—only one plaintiff
permitted per complaint)

Guilford County Jail
Officer Gilchrist
Sheriff B.T. Barnes

(Enter above full name of defendant or defendants)

I. Previous law suits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (X)
- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county): _____

3. Docket number: _____

4. Name of judge assigned to case: _____

5. Disposition (for example, was the case dismissed? appealed? is it still pending?) _____

6. Approximate date of filing lawsuit: _____

II. Previous *in forma pauperis* lawsuits

- A. While incarcerated or detained in any facility, have you filed a lawsuit in any federal court in which you were allowed to proceed *in forma pauperis* (without prepayment of fees)?
() Yes (X) No

1. Name the court and docket number for each: _____

- B. Were any of these cases dismissed under 28 U.S.C. § 1915(d) on the grounds that they were frivolous, malicious, or failed to state a claim upon which relief may be granted? Yes () No (X)
1. If yes, how many? _____
 2. Name the court and docket number for each: _____

III. Exhaustion of Inmate Administrative Remedies

- A. Did you present the facts of each claim relating to your complaint to the Inmate Grievance Commission or any other available administrative remedy procedure? Yes () No (X)
- B. If your answer is Yes:
1. When did you file your grievance? _____
 2. What was your grievance? _____
 3. Did you appeal any adverse decision to the highest level possible in the administrative procedure? Yes () No (X)
If yes, when was the decision and what was the result? _____

- C. If your answer to A is no, identify the claim(s) and explain why not: I did not

know there is a Inmate Grievance Commission
I did tell them of Memory lapses and
convulsions

IV. Parties

A. Plaintiff(s)

Name of plaintiff: Raymond Robert DeLigne

Current address (place of confinement): Central Regional Hospital 300 Wozley Rd
Butler, NC 27509

(You may lose important legal rights unless you immediately notify the court of any address change.)

- B. Defendant(s) (NOTICE: A person must be identified in this subsection B in order to be considered and served as a defendant.)

Name of defendant 1: Guilford County Jail

Position: _____

Place of employment: _____

Current address: 201 South Edgeworth St Greensboro, NC 27401

Additional defendant(s) (provide name, position, place of employment, and current address for each)

Defendant 2: Officer Gladys H

Defendant 3: Sheriff B.J. Barnes

Defendant 4: _____

(Continue on a separate sheet if necessary.)

V. Statement of Claim

State here as briefly as possible the FACTS in your case. Do this by describing how each defendant named in Section III.B. above is personally involved in depriving you of your rights. Include relevant times, dates, and places. DO NOT GIVE LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES. You may only combine claims involving events that relate to all defendants. Number and set forth each separate claim in a separate paragraph. Unrelated claims involving separate events must be set out in a separate complaint. (Attach extra sheets if necessary.)

On August 18, 2015 while on 2 H
pod Officer Glodwell assaulted me.

I had to go to the hospital for
6 stitches. I only have 1 Good eye
and the ~~operation~~ was above my Good
eye. It occurred on my hour out.
It was above restraint.

I had 7 other inmates witness
the assault and signed a statement
saying it was inhuman abuse.

At first I saw black speckles
and experienced convulsions.

Since then I have memory lapses
and convulsions of Dizziness.

Some of the other inmates witnessed
the assault in 2 H.

Sherman Boder, Herb Potts, Joseph Ross, Faylor,
and Timothy Johnson will all testify
my Rights were violated. They will
all testify my rights were violated.

Officer Glodwell did not treat me
humanely. Guilford County Jail took
away my right of security and Counsel
and unfair punishment.

VI. Relief

STATE BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENTS. CITE NO CASES OR STATUTES.

I want \$150,000 dollars for pain and suffering and for losing my memory. I also want Officer Gladwell fired from Guilford County Jail.

I also want my privileges restored to unrestrictedly unchained here out.

I would like to see the video so it can be seen on YouTube.

But most of all I want 150,000 dollars.

Signed this 20 day of October, 2016.

Prison No. _____

Signature Ryell Ortiz

UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF NORTH CAROLINA

Raymond Robert DeFigue
(Plaintiff or Petitioner)

v.

DECLARATION AND REQUEST TO
PROCEED IN FORMA PAUPERIS

Guilford County Jail

(Defendant(s) or Respondent(s))

I, Raymond DeFigue, declare that I am the plaintiff or petitioner in the above-entitled case; that in support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, that I believe I am entitled to redress.

1. Are you presently employed? Yes No ✓

a. If the answer is yes, state the amount of your salary or wages per month, and give the name and address of your employer.

b. If the answer is no, state the date of last employment and the amount of the salary and wages per month which you received.

2. List anyone who helps support you or shares support in any way and describe the type and amount of support for the last 12 months. [If no one, write "No One."]

No one.

3. Have you received within the past twelve months any money from any of the following sources?

- | | |
|---|-----------------------------|
| a. Business, profession or form of self-employment? | Yes <u> </u> No <u>✓</u> |
| b. Rent payments, interest or dividends? | Yes <u> </u> No <u>✓</u> |
| c. Pensions, annuities or life insurance payments? | Yes <u> </u> No <u>✓</u> |
| d. Gifts or inheritances? | Yes <u> </u> No <u>✓</u> |
| e. Any other sources? | Yes <u> </u> No <u>✓</u> |